U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

				770000			
1. File Number U - 4658			2. Fiscal Year Covered From:				
			1/1/	2005 - Fhrough:	12 / 31	/ 2005	
3. Name and address of person filing.		4. Name, file number, and address of labor organization.					
Name David T Waggoner		Name IBEW Local 816					
		Labor	Organization File N	umber 005-62	3		
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any					
Street 1166 Byrd Road			Street 4515 Clarks River Road				
City Mayfield		City Paducah					
State Kentucky	ZIP Code + 4 42066	State	Kentucky	MARTINE TO THE STATE OF THE STA	ZIP Code + 4	42003	
5. Position in labor organization. Organiz		· · · · · · · · · · · · · · · · · · ·			22/2/2] - HET 1/2/Herr of reference about 11/2/2/2/2/2/	The Market of the Control of the Con	
Enter appropriate data below If during th	a part finasi year yeu anyeuran				11000		
Enter appropriate data below If, during th	e past fiscal year, you or your spo (except as specified in the exclu	use or min Isions set f	or child directly or in orth in the instructio	ndirectly had any of ons):	f the following in	nterests	
A. Held an interest in, engaged in transact monetary value from an employer whos	ctions (including loans) with, or	derived in	come or other eco	onomic benefit of	cent		
Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.					
Name Story Electrical Services		Electrical Inspections					
Trade Name, if any:							
Better attantion (142) on 1500	- The state of the	And the second s				The American States	
P.O. Box, Bldg., Room No., if any		7.b. Amount.					
Street 6335 Hill Chapel Road							
City Paducah	The state of the s		and the long	groeto etrosponisto com (V. Bullillero de com exemente	Priliting (Prince Street, Spinger) a semages of security in		
	To a contract of the contract		A server	orka a man " manayankanka ka manayan kakati mba at ana a a ayaya magaa aya	\$2,917		
State Kentucky	ZIP Code + 4 42001			***		741000	
	Signa		***				
15. Signature and verification. The undersubmitted in this report (including the inform undersigned's knowledge and belief, true, c	ation contained in any accompany	ขน นุขยาเพล	inte) hae baan avar	minad but the alamat.	hat all of the info ory and is, to the	ormation best of the	
Signed Paul Wazyn		On	3/9/06	270-24	17-484	9	
			Date		lephone Numbe		

Name of Person Filing David Waggoner	File N	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activity (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise				
Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	grammang.				
Trade Name, if any:	a. Labor Organization				
P.O. Box, Bldg., Room No., if any	b. Trust				
Street	c. Employer				
City					
State ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11,a. Nature of such dealing.				
Name	TO THE PROPERTY OF THE PROPERT				
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar value of suc	ch dealing.			
City	12.a. Nature of interest held or inc	Annalises promote and the analysis of the annalises and the annali			
State ZIP Code + 4					
	12.b. Amount,	file an internal processing members assessed to the processing of the contract			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any		***************************************			
Street		den utsen u			
City		-			
State ZIP Code + 4					
	A Parameter 1 Annual An				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				